

**Area Transportation Authority of North Central Pennsylvania
an Equal Opportunity Employer (M/F)
44 Transportation Center, Johnsonburg, PA 15845**

APPLICATION FOR EMPLOYMENT (Administrative)

Position Applied for: _____ Date of Application: _____

Name: _____

Last Name
First Name
Middle Initial

Address: _____

Street or RD
City
County
State
Zip Code

Telephone: (____) _____ Social Security Number: _____

Do you hold a valid Pennsylvania Driver's License? ___ yes ___ no. If yes, Pa. Driver's License No. _____

Are you a U.S. Citizen? ___ yes ___ no Are you 18 years of age or older? ___ yes ___ no

Have you worked for this Company before? ___ yes ___ no If so, where _____

Does this agency currently employ any member of your immediate family? ___ yes ___ no

Names of relatives in our employ _____

Does any member of your immediate family currently serve on the Board of Directors of this Authority? ___ yes ___ no

Name(s) of relatives on the Board _____

MILITARY STATUS

Have you served in the U.S. Armed Forces? ___ yes ___ no Branch _____ Date joined: _____
 Rank at Discharge _____ Date of Discharge: _____
 Type of Discharge _____
 Draft Status _____ Reserve Status _____

EDUCATIONAL RECORD

Name and Location of Educational Institution	Semester Credits	Diploma/Degree Awarded	Major Subject/Coursework
High School:			
College or University:			
Graduate or Professional:			
Other Schooling (e.g. training) Specify			

EMPLOYMENT RECORD

List your complete employment record. Include periods of unemployment, starting with your present or last position and work back. If you need more space, please attach a separate sheet

Dates Employed: From _____ to _____	
Name of Company	
Address	
Position Held	
Starting Salary \$ _____ circle one: hourly weekly bi-weekly annual	
Ending Salary \$ _____ circle one: hourly weekly bi-weekly annual	
Immediate Supervisor Name & Phone Number	
Number of Hours Worked each week:	Number of Employees supervised:
Fully describe your major duties and responsibilities:	
Reason for leaving:	

Dates Employed: From _____ to _____	
Name of Company	
Address	
Position Held	
Starting Salary \$ _____ circle one: hourly weekly bi-weekly annual	
Ending Salary \$ _____ circle one: hourly weekly bi-weekly annual	
Immediate Supervisor Name & Phone Number	
Number of Hours Worked each week:	Number of Employees supervised:
Fully describe your major duties and responsibilities:	
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Immediate Supervisor Name & Phone Number	
Number of Hours Worked each week:	Number of Employees supervised:
Fully describe your major duties and responsibilities:	
Reason for leaving:	

List any office equipment/hardware that you can operate: _____

List software that you have used in your previous work experience

Software Name	Type (word processing, spreadsheet, etc.)	Degree of Proficiency (check one for each type of software program listed)		
		Beginner	Intermediate	Advanced

Typing speed _____ wpm Dictation speed _____ wpm

Have you ever been convicted of a misdemeanor or felony (excluding minor traffic violations)? ___ yes ___ no. If yes, explain (Attach sheet if more space is needed).

Location	Date	Charge	Penalty

REFERENCES

List names, address and telephone numbers of three personal references. Do not include relatives:

Name	Address	Telephone

PLEASE COMPLETE ENTIRE APPLICATION. INCOMPLETE APPLICATIONS MAY NOT BE CONSIDERED FOR

A false or dishonest answer to any question on this application will be grounds for rating you ineligible for employment. All statements on this application are subject to investigation including a police check, motor vehicle records check, checks of salaries, references, and former employers. All data will be considered in determining your eligibility for employment with this Authority.

I acknowledge the above statement and I certify that the statements contained herein are accurate and true to the best of my knowledge, information, and belief.

_____ Date _____ Signature of Applicant

EMPLOYMENT.

PLEASE READ THE FOLLOWING BEFORE SIGNING THIS APPLICATION:

Applicant - do not write below this line

Position Hired for:		Department	
Date Hired:	Status at Time of Hiring (circle one): Full Time Part Time _____ hours/week		
Wage/Salary Hired at \$ _____ hourly or bi-weekly (circle one)			
Insurance	Date Eligible	Date Enrolled	Date Withdrawn
Life			
Disability			
Medical - Self			
Medical - Dependents			
Pension	Date Eligible	Date Enrolled	Date Withdrawn
Date Terminated	Reason for Termination		
Date of Rehiring	Status at Time of Rehiring (circle one): Full Time Part Time _____ hours/week		

